



Department of State

Division of Charitable Solicitations
312 Eighth Avenue North
8th Floor, William R. Snodgrass Tower
(615) 741-2555
Nashville, TN 37243

WARNING: False or misleading statements
Subject to maximum \$5,000 penalty. T.C.A. §48-101-514

EXEMPTION REQUEST FOR A COMMUNITY, COUNTY, DISTRICT OR DIVISION FAIR

INSTRUCTIONS: (1) Complete Part A, B and C; (2) Two authorized officers must sign this form in the presence of a Notary Public; (3) Attach a copy the organization's determination of tax exemption from the Internal Revenue Service **and** documentation from the Tennessee Department of Agriculture qualifying the organization to receive state aid grant, pursuant to T.C.A. Title 3, Chapter 21, Part 1; and (4) Return the form to the Division of Charitable Solicitations.

PART A:

Name of Organization: _____ FEIN: _____
Physical Address: (Street) _____ (City) _____ (State) _____ (Zip) _____
Mailing Address (if different): (Street) _____ (City) _____ (State) _____ (Zip) _____
Telephone Number: (____) _____ Fax Number: (____) _____ Email Address: _____

PART B: Check to indicate the type of fair qualified by the Department of Agriculture to receive state aid grant:

☐ **COMMUNITY FAIR** ☐ **COUNTY FAIR** ☐ **DISTRICT FAIR** ☐ **DIVISION FAIR**

PART C: Check each box below to indicate you have attached the required documents:

- ☐ A copy of the organization's determination of tax exemption from the Internal Revenue Service.
(Attach a statement of explanation if copy is not available.)
- ☐ A copy of documentation from the Tennessee Department of Agriculture qualifying the organization to receive state aid grant. **Failure to attach copy will result in the denial of your request for exemption.**

SIGNATURES

We certify that the information furnished in this Request for Exemption (and all continuation sheets) is true and correct to the best of our knowledge.

Signature of Authorized Officer

Signature of Authorized Officer

Print Name and Title

Print Name and Title

Date

Date

County of _____
State of _____

Sworn to and subscribed before me (or to me personally known) this _____ day of _____, 20____.

My Commission Expires: _____

Notary Public _____